

## **FREQUENTLY ASKED QUESTIONS ZOSTAVAX® (SHINGLES VACCINATION)**

### **WHAT IS ZOSTAVAX®?**

®Zostavax is a single dose vaccine used to prevent shingles in patients 60 years and older.

### **HOW IS IT COVERED UNDER PEEHIP?**

Zostavax® is now covered under both the PEEHIP **Medical** and **Prescription Drug Plan**. Although the PEEHIP benefits were designed for the Zostavax vaccine to be administered in a physician's office and the medical claim filed to Blue Cross and Blue Shield of Alabama by the physician's office, beginning **January 1st, 2008**, PEEHIP began allowing members age 60 and over who are enrolled in the PEEHIP Hospital Medical plan to also receive coverage for the Zostavax® vaccine at a **network pharmacy** and the drug claim filed to Express Scripts by the pharmacy. Members are still required to pay 50% of the cost of the vaccine to the pharmacist.

### **WHERE DO I GO TO GET THE VACCINE?**

The vaccine can be administered in a **physician's office** or administered by a **network pharmacist**. However, because this product requires unique storage and must be administered within ½ hour of removal from storage and is of high cost, many physicians are choosing not to purchase or supply the vaccine. Check with your physician's office first to determine if your doctor offers the vaccine. If your doctor does not offer the vaccine, check with your pharmacist to determine if the pharmacy offers the vaccine. If the Zostavax prescription is obtained from the pharmacy, the vaccine should be properly administered by a health professional, physician, or pharmacist licensed by the state of Alabama to administer the vaccine.

### **HOW MUCH DOES IT COST?**

Members are required to pay 50% of the cost of the vaccine.

### **WILL THE MEMBER BE CHARGED A MEDICATION ADMINISTRATION FEE FROM THE PHARMACY?**

If the pharmacy charges an administration fee for the vaccine, the plan will reimburse the member for incurred costs up to \$20.00. The member must submit a manual claim form with all supporting receipts to the following address: Express Scripts, Inc., 328 Varden Hill Drive, Birmingham, AL 35214. A manual claim form is available on the ESI website (member registration required): [www.express-scripts.com](http://www.express-scripts.com), or the member may contact the Express Scripts Customer Service by calling 1-800-233-8065. Please allow 2 weeks for processing of the claim. All pharmacy submitted claims for the medication administration fee reimbursement will be denied.

### **IS THE MEDICATION ADMINISTRATION FEE INCLUDED IN THE CO-PAY?**

No. The 50% member co-payment includes the cost of the medication. The administration fee, if charged, is determined by the pharmacy. The plan will reimburse the member up to \$20.00 for the fee.

### **ARE THERE ANY OTHER VACCINE/IMMUNIZATION SERVICES COVERED UNDER THE PRESCRIPTION PROGRAM?**

No. Not at this time. However, other immunizations are covered under the Medical portion of a member's PEEHIP hospital medical coverage plan.